

INSPECTIONS AND APPEALS DEPARTMENT[481]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 10A.104(5) and 135C.14, the Department of Inspections and Appeals hereby gives Notice of Intended Action to amend Chapter 57, “Residential Care Facilities,” Iowa Administrative Code.

Iowa Code section 135C.2(3)“b” allows the Department to establish by administrative rule special classifications within the residential care facility category for facilities intended to serve individuals who have special health care problems or conditions in common. Currently, Chapter 63 applies to residential care facilities for persons with an intellectual disability (RCFs/ID). After reviewing several chapters, the Department has determined that an entire chapter specific to RCFs/ID is not necessary as many of the provisions of Chapter 63 overlap with those in Chapter 57. These proposed amendments add licensure for RCFs/ID to Chapter 57, “Residential Care Facilities.” In a Notice of Intended Action published simultaneously with this Notice (see **ARC 3475C** herein), the Department is rescinding Chapter 63 and adopting in lieu thereof a new Chapter 63 specific to three- to five-bed residential care facilities.

The Department does not believe that the proposed amendments pose a financial hardship on any regulated entity or individual. Adoption of the proposed amendments eliminates redundant Iowa Administrative Code language.

The State Board of Health initially reviewed the proposed amendments at its November 8, 2017, meeting.

Any interested person may make written suggestions or comments on the proposed amendments on or before December 26, 2017. Such written materials should be addressed to the Director, Department of Inspections and Appeals, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0083; faxed to (515)242-6863; or emailed to david.werning@dia.iowa.gov.

Additionally, there will be a public hearing on January 3, 2018, at 10 a.m. in Room 319 of the Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the rules.

Any person who intends to attend the public hearing and has special requirements, such as those relating to hearing or mobility impairments, should contact the Department of Inspections and Appeals and advise of specific needs.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 135C.14.

The following amendments are proposed.

ITEM 1. Amend rule 481—57.1(135C), introductory paragraph, as follows:

481—57.1(135C) Definitions. ~~For the purposes of these rules, the following terms shall have the meanings indicated in this rule. The following definitions apply to this chapter and to 481—Chapter 62.~~ The definitions set out in Iowa Code section 135C.1 shall be considered to be incorporated verbatim in these rules.

ITEM 2. Amend rule 481—57.6(135C) as follows:

481—57.6(135C) Special classification—memory care classifications.

57.6(1) Memory care.

57.6(1) a. *Designation and application.* A residential care facility may choose to care for residents who require memory care in a distinct part of the facility or designate the entire residential care facility as one that provides memory care. Residents in the memory care unit or facility shall meet the level of care requirements for a residential care facility. “Memory care” in a residential care facility means the care of persons with early Alzheimer’s-type dementia or other disorders causing dementia. (I, II, III)

~~a.~~ (1) Application for approval to provide this category of care shall be submitted by the licensee on a form provided by the department. (III)

~~b.~~ (2) Plans to modify the physical environment shall be submitted to the department for review based on the requirements of 481—Chapter 60. (III)

~~c.~~ (3) If the unit or facility is to be a locked unit or facility, all locking devices shall meet the Life Safety Code and any requirements of the state fire marshal. If the unit or facility is to be unlocked, a system of security monitoring is required. (I, II, III)

57.6(2) b. *Résumé of care.* A résumé of care shall be submitted to the department for approval at least 30 days before a separate memory care unit or facility is opened. For facilities with a memory care unit, this résumé of care is in addition to the résumé of care required by subrule 57.3(2). A new résumé of care shall be submitted when services are substantially changed. The résumé of care shall:

~~a.~~ (1) Describe the population to be served;

~~b.~~ (2) State the philosophy and objectives;

~~c.~~ (3) List criteria for transfer to and from the memory care unit or facility;

~~d.~~ (4) Include a copy of the floor plan;

~~e.~~ (5) List the titles of policies and procedures developed for the unit or facility;

~~f.~~ (6) Propose a staffing pattern;

~~g.~~ (7) Set out a plan for specialized staff training;

~~h.~~ (8) State visitor, volunteer, and safety policies;

~~i.~~ (9) Describe programs for activities, social services and families; and

~~j.~~ (10) Describe the interdisciplinary team and the role of each team member.

57.6(3) c. *Policies and procedures.* Separate written policies and procedures shall be implemented in the memory care unit or facility and shall address the following:

~~a.~~ (1) Criteria for admission and the preadmission evaluation process. The policy shall require a statement from the primary care provider approving the placement before a resident may be moved into a memory care unit or facility. (II, III)

~~b.~~ (2) Safety, including a description of the actions required of staff in the event of a fire, natural disaster, ~~or~~ emergency medical event or catastrophic event. Safety procedures shall also explain steps to be taken when a resident is discovered to be missing from the unit or facility; and when hazardous cleaning materials or potentially dangerous mechanical equipment is being used in the unit or facility; and explain the manner in which the effectiveness of the security system will be monitored. (II, III)

~~c.~~ (3) Staffing requirements, including the minimum number, types and qualifications of staff in the unit or facility in accordance with resident needs. (II, III)

~~d.~~ (4) Visitation policies, including suggested times for visitation and ensuring the residents’ rights to free access to visitors unless visits are contraindicated by the interdisciplinary team. (II, III)

~~e.~~ (5) The process and criteria which will be used to monitor and to respond to risks specific to the residents, including but not limited to drug use, restraint use, infections, incidents and acute behavioral events. (II, III)

57.6(4) d. *Assessment prior to transfer or admission.* Prior to the transfer or admission of a resident applicant to the memory care unit or facility, a complete assessment of the resident applicant’s physical, mental, social and behavioral status shall be completed to determine whether the applicant meets admission criteria. This assessment shall be completed by facility staff and shall become part of the resident’s permanent record upon admission. (II, III)

57.6(5) e. *Staff training.* All staff working in a memory care unit or facility shall have training appropriate to the needs of the residents. (I, II, III)

~~a.~~ (1) Upon assignment to the unit or facility, all staff working in the unit or facility shall be oriented to the needs of residents requiring memory care. Staff members shall have at least six hours of

special training appropriate to their job descriptions within 30 days of assignment to the unit or facility. (I, II, III)

- ~~b.~~ (2) Training shall include the following topics: (II, III)
- ~~(1)~~ 1. An explanation of Alzheimer's disease and related disorders, including symptoms, behavior and disease progression;
- ~~(2)~~ 2. Skills for communicating with persons with dementia;
- ~~(3)~~ 3. Skills for communicating with family and friends of persons with dementia;
- ~~(4)~~ 4. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the caregiving role, and family dynamics;
- ~~(5)~~ 5. The importance of planned and spontaneous activities;
- ~~(6)~~ 6. Skills in providing assistance with activities of daily living;
- ~~(7)~~ 7. Skills in working with challenging residents;
- ~~(8)~~ 8. Techniques for cueing, simplifying, and redirecting;
- ~~(9)~~ 9. Staff support and stress reduction;
- ~~(10)~~ 10. Medication management and nonpharmacological interventions.

~~c.~~ (3) Nursing staff, certified medication aides, medication managers, social services personnel, housekeeping and activity personnel shall have a minimum of six hours of in-service training annually. This training shall be related to the needs of memory care residents. The six-hour initial training required in ~~paragraph 57.6(5) "a"~~ subparagraph 57.6(1) "e"(1) shall count toward the required annual in-service training. (II, III)

~~57.6(6) f.~~ Staffing. There shall be at least one staff person on a memory care unit at all times. (I, II, III)

~~57.6(7) g.~~ Others living in the memory care unit. A resident not requiring memory care services may live in the memory care unit if the resident's spouse requiring memory care services lives in the unit or if no other beds are available in the facility and the resident or the resident's legal representative consents in writing to the placement. (II, III)

~~57.6(8) h.~~ Revocation, suspension or denial. The memory care unit license or facility license may be revoked, suspended or denied pursuant to Iowa Code chapter 135C and 481—Chapter 50.

57.6(2) Residential care facility for persons with an intellectual disability (RCF/ID).

a. Definition. For purposes of this rule, the following term shall have the meaning indicated.

"Qualified intellectual disability professional" means a psychologist, physician, registered nurse, educator, social worker, physical or occupational therapist, speech therapist or audiologist who meets the educational requirements for the profession, as required in the state of Iowa, and has one year's experience working with persons with an intellectual disability.

b. Designation and application. A residential care facility may choose to care for persons with an intellectual disability in a distinct part of the facility or designate the entire residential care facility as a residential care facility for persons with an intellectual disability. Residents shall meet the level of care requirements for a residential care facility. (I, II, III)

(1) Application for approval to provide this category of care shall be submitted by the licensee on a form provided by the department. (III)

(2) Plans to modify the physical environment shall be submitted to the department for review based on the requirements of 481—Chapter 60. (III)

c. Résumé of care. A résumé of care shall be submitted to the department for approval at least 30 days before a residential care facility for persons with an intellectual disability is opened. A new résumé of care shall be submitted when services are substantially changed. The résumé of care shall:

- (1) Describe the population to be served;
- (2) Include a copy of the floor plan;
- (3) List the titles of policies and procedures developed for the unit or facility;
- (4) Set out a plan for specialized staff training;
- (5) State visitor, volunteer, and safety policies;
- (6) Describe programs for activities, social services and families; and
- (7) Describe the interdisciplinary team and the role of each team member.

d. Policies and procedures. Separate written policies and procedures shall be implemented in the residential care facility for persons with an intellectual disability and shall address the following:

(1) Criteria for admission and the preadmission evaluation process. The policy shall require a statement from the primary care provider approving the placement before a resident may be moved into a residential care facility for persons with an intellectual disability. The policy shall require a primary diagnosis of an intellectual disability for admission. (II, III)

(2) Safety, including a description of the actions required of staff in the event of a fire, natural disaster, emergency medical event or catastrophic event. (II, III)

(3) Staffing requirements, including the minimum number, types and qualifications of staff in the facility in accordance with resident needs. (II, III)

(4) Visitation policies, including suggested times for visitation and ensuring the residents' rights to free access to visitors unless visits are contraindicated by the interdisciplinary team. (II, III)

(5) The process and criteria which will be used to monitor and to respond to risks specific to the residents, including but not limited to drug use, restraint use, infections, incidents and acute behavioral events. (II, III)

e. Assessment prior to transfer or admission. Prior to the transfer or admission of a resident applicant to the facility, a complete assessment of the resident applicant's physical, mental, social and behavioral status shall be completed to determine whether the applicant meets admission criteria. This assessment shall be completed by facility staff and shall become part of the resident's permanent record upon admission. (II, III)

f. Administrator qualifications. In addition to meeting the requirements of subrule 57.10(1), the administrator of a residential care facility for persons with an intellectual disability shall have at least one year's documented experience in direct care or supervision of persons with an intellectual disability. An individual employed as an administrator on [effective date of these amendments] will be deemed to meet the requirements of this subrule.

g. In-service educational programming. The in-service educational programming required by paragraph 57.10(2)"c" shall include educational programming specific to serving persons with an intellectual disability.

h. Revocation, suspension or denial. The facility license may be revoked, suspended or denied pursuant to Iowa Code chapter 135C and 481—Chapter 50.

This rule is intended to implement Iowa Code sections 135C.2(3)"b" and 135C.14.